

Adapt of Missouri
ITCD

Arthur Center
ITCD

Bootheel Counseling Services
ITCD, DBT

Burrell Behavioral Health
ACT, ACT-TAY, SPECIALTY
TEAMS, ITCD, DBT

BJC Behavioral Health
ACT TAY, ITCD, DBT

Clark Mental Health Center
ITCD

Compass Health
ACT, ACT-TAY, SPECIALTY
TEAMS, ITCD, DBT

Community Counseling Center
ITCD

Comprehensive Health Systems
Inc.
ITCD

Comtrea
ITCD, DBT

Family Counseling Center
ITCD

Family Guidance Center
ITCD

Hopewell
ACT TAY, ITCD

Independence Center
ITCD

Mark Twain Behavioral Health
ITCD, DBT

Mineral Area
ITCD

New Horizons
ITCD

North Central MHC
ITCD

Ozark Center
ACT, ACT-TAY, ITCD, DBT

Ozarks Healthcare
ITCD

Places for People
ACT, FACT, ITCD, DBT

Preferred Family Healthcare
ACT TAY, ITCD, DBT

ReDiscover
ITCD, DBT

St. Patrick Center
ACT

Swope Health Services
ITCD

Tri-County Mental Health
ITCD, DBT

University Health
ITCD, DBT

EVIDENCE BASED SERVICES NEWSLETTER

- **ASSERTIVE COMMUNITY TREATMENT (ACT) WEB PAGE—[CLICK HERE](#)**
- **INTEGRATED TREATMENT FOR CO-OCCURRING DISORDERS (ITCD) WEB PAGE—[CLICK HERE](#)**
- **DIALECTICAL BEHAVIOR THERAPY (DBT) WEB PAGE—[CLICK HERE](#)**

SPRING 2023

PAGE 1

Hello from DMH

by Karen Will, Community Integration Coordinator

Greetings from the Community Integration Team! As the weather begins to warm up and all things seem to be new, make sure you take time to practice mindfulness and include wellness in your daily life.

I was asked to include a bit of information about myself, so here goes: I was born and raised in West Virginia. I graduated from a rural school before attending Troy University and settling down in South Central Missouri in 2006. I have worked in the field of mental health, substance use and disability for three decades now. We were a military family, so I have lived and worked previously in Florida and Pennsylvania in a variety of positions from social club specialist, residential technician, satellite apartments staff, care manager for a managed care company, Baker Act screener, In-home Family Therapist, Mobile Therapist, Behavioral Specialist, and Director to name a few. Upon retiring from the Air Force after twenty years and settling down in Missouri, I have worked as an Outpatient SUD counselor, Co-occurring counselor, SATOP Administrator and Director. Before being named Community Integration Coordinator for Department of Mental Health, I spent five years in Certification, Fidelity and Utilization Review.

Here is some information regarding Community integration. It includes Certified Community Behavioral Health Clinics (CCBHC), Sub-

stance Use Disorder (SUD) provider and Federally Qualified Health Clinics (FQHC), Healthcare Homes (HCH) and Disease Management (DM). Our CCBHC/O's integrate behavioral health with physical healthcare, while providing a comprehensive array of services that include crisis intervention, screening, treatment, prevention, and wellness services for individuals with serious mental illnesses and substance use disorders. CCBHC/Os must provide timely access to evaluation and treatment. CCBHC/Os are designed to demonstrate the cost effectiveness of converting Medicaid reimbursement for community behavioral health services from a fee-for-service reimbursement system to a prospective payment system while improving the availability, accessibility, and quality of community behavioral healthcare.

CCBHC/O requirements include serving designated populations of focus, such as, children and adults with moderate to severe mental illness, adolescents and adults with moderate to severe substance use disorders, children in state custody who have behavioral health disorders and veterans or members of the armed forces with a behavioral health diagnosis.

CCBHC/Os are required to:

Continued.....

Hello from DMH continued

By Karen Will

Serve the populations of focus within their geographic service area;

Use evidence-based, best, and promising practices;

Coordinate care and provide a comprehensive array of community behavioral health services;

Provide needed services to the populations of focus regardless of payment source or ability to pay; and

Measure and report outcomes on efficiency and effectiveness of services provided and health status of individuals served.

The comprehensive array of behavioral health services must include:

Crisis services;

Screening, assessment, and diagnosis;

Treatment planning;

Outpatient mental health and substance use disorder services;

Primary care screening and monitoring;

Targeted case management;

Psychiatric rehabilitation; and

Peer and family support services.

FQHC:

The SUD and primary care integration partnerships ensure access to services and allows for care coordination. The goal of this initiative is to support collaboration and integration of primary care and SUD treatment in public health safety net system between agencies contracted by the Division of Behavioral Health (DBH) to provide CSTAR services (SUD providers) and FQHC's in an effort to:

Improve Access to:

Primary care for individuals with substance use disorder

Behavioral health services for individuals with substance use disorder, and

Behavioral health supports for individuals who require assistance in effectively managing their chronic disease or improving health status.

Improve Clinical Care by:

Identifying substance use disorders within the primary care environment

Seeing behavioral health as essential to overall health

Seeing and treatment the whole person

Creating one treatment team and plan

Emphasizing wellness and preventative care

Reducing health disparities

Improve Collaboration Between Systems of Care by:

Finding ways to promote synergies and efficiencies by bringing two safety net systems of care together.

Healthcare Homes:

Community Mental Health Center (CMHC) Healthcare Homes (HCH) are designed to integrate care for chronic health conditions into the CMHC setting. The CMHC HCHs assist individuals in accessing needed health services and supports, in learning to manage their health conditions, and in improving individuals' general health by monitoring health conditions, healthcare needs and intervening when health conditions are not properly controlled or managed. HCHs promote and encourage wellness, healthy lifestyles and preventative care, educate and teach persons how to better manage their chronic health conditions, educate agency staff about chronic health conditions and how to manage them,

Hello from DMH continued

By Karen Will

and encourage a population health approach to help improve chronic health conditions for persons served by CMHCs.

Individuals covered by MO HealthNet are eligible to be served by a CMHC Healthcare Home if they have:

A serious mental illness (including children and adults receiving psychiatric rehabilitation services under the Medicaid Rehabilitation Option), or

A mental health condition and a substance use disorder, or

A mental health condition or a substance use disorder, and one of the following chronic conditions or risk factors:

Diabetes

Asthma/COPD

Cardiovascular Disease

Developmental Disability

Overweight (BM >25)

Tobacco Use

Complex Trauma

Disease Management (DM):

The DM projects:

DM3700 and SUD DM are a collaborative effort among the Department of Mental Health's (DMH) Division of Behavioral Health (DBH), the Department of Social Services' (DSS) MO HealthNet Division (MHD), and the Coalition for Community Behavioral Healthcare. The DM Projects outreach Medicaid-eligible adults who have a serious mental illness or substance use disorder, high medical costs, and are not currently receiving behavioral health services.

In closing, if you have any questions regarding CCBHO(C's), FQHC, HCH or DM, please feel free to reach out and contact me at Karen.Will@dmh.mo.gov or Christina.Mann@dmh.mo.gov. Our goal in integration is a team-based approach to treat the individual utilizing quality health metrics to ensure improved clinical outcomes in regards to their substance use, mental and physical health issues because all aspects contribute to each other. I want to sincerely thank you all for the great work you do for the individuals of Missouri!







SCAN HERE
TO REGISTER

EPCMissouriConference.com

April 12 - 13, 2023

**Le Méridien
Clayton**
730 Bonhomme Ave,
St. Louis, MO 63105

Early Psychosis Care Conference!

REGISTER HERE:

<https://mimh.configio.com/pd/2857/early-psychosis-care-conference>



To find past issues of the Newsletters go to the DMH web pages at:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/provider-act>

Or

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/itcd>

Scroll down to “newsletters” and find your archived online copy!

INSIDE THIS ISSUE:

Hello from DMH cont. Early Psychosis Conference 2-3

ITCD Map, Congratulations! 4

Spotlight, Fidelity Corner 5

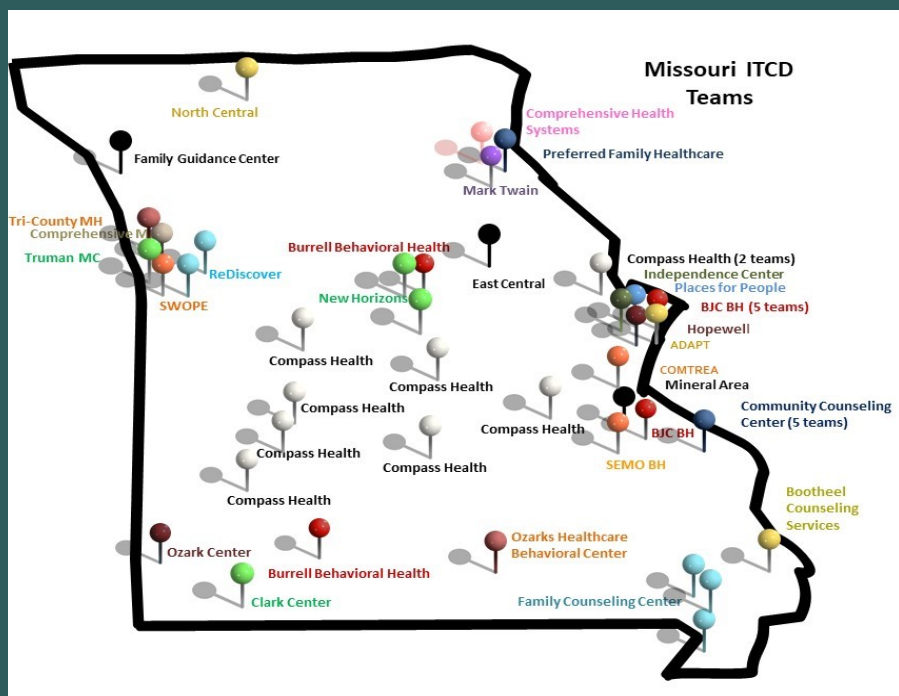
Resources, ACT Map 6

Fidelity team info 7

DBT Map; MBC Certification announcement 8

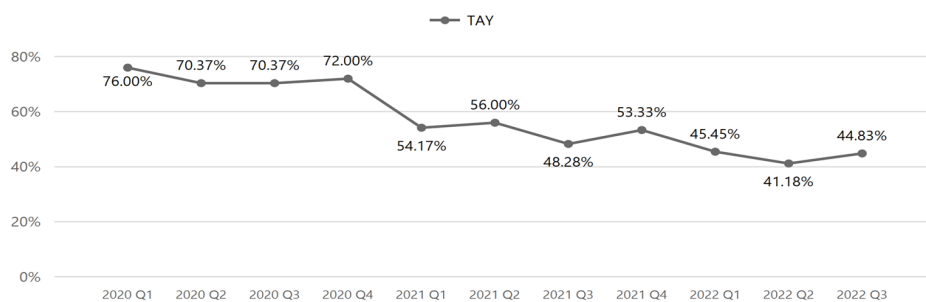
Motivational Corner 9

The Arts 10

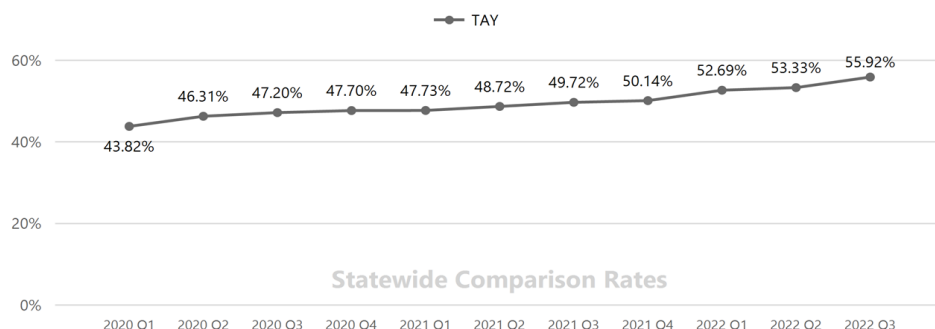


Congratulations BJC ACT-TAY team!

From Quarter 1 2020 to Quarter 3 2022, a significant reduction (31%) in the percent of individuals on the team using tobacco!



Statewide comparison of all teams within the same quarters show the team is 11% lower overall.





For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/employment-services>

And click on "Youth"

Harvard for Developing Child

<https://developingchild.harvard.edu/>

The National Child Traumatic Stress Network <https://www.nctsn.org/>

ITCD Toolkit from SAMHSA

[Click Here](#)

TEAM MEMBER SPOTLIGHT

Name: Amy Lou Carlson

Team/Location: ITCD team within the University Health Kansas City (we used to be Truman and remain a state funded location). Behavioral Health that I work for is located in a separate building from the hospital and has a more low key atmosphere that allows clients to not feel like they are "at the Dr's" or that they are being surrounded by people in White Coats. We have Psychiatry in the building, a PCP, a lab and even a pharmacy within our building. I love our location and the feel of the office.

Position/Role: QMHP

Favorite thing about working on an EBP team: My clients. I love the population that I work with, it's hard sometimes but so worth it. The educational portion of my job is much more than I ever thought it would be as I dreamed of my "Big girl job" while in Grad school. I never thought of myself as an educator but with what we do it is such an important piece. It is very rewarding when you see others have the "Aha" moment.

Favorite Food or activity: My children are my favorite activity, they are young adults and are always up to something cool. I love a good musical and music is a big part of my life. So far as favorite food, my children say I eat rocks. I have a lot of food allergies but I love to watch others enjoy food (I'm a weirdo).

Something to share with other EBP teams: We are a unique breed, those of us that thrive on the constant chaos of dealing with others and helping them grow. It's ok to admit we are different, in working with addiction you never know what you are going to get, embrace it! While we makes plans we also have to remember what John Lennon said "Life is what happens while to you while you are busy making other plans" in the song Beautiful Boy from the album Double Fantasy. This was a time in his life that he had to reflect on life and the comings and goings of a busy Beatle life. Yes, let's make plans but at the same time, don't miss out on life as it happens around you!

Fidelity Corner

The importance of Family Interventions in all fidelity programs

Whether considering ACT, ITCD or DBT, family interventions is an important part of our served individuals' treatment. As they move toward completion of the programs, it is essential for them to have a social network around them on which they can depend for support, help, encouragement and as a safety net.

Teams work toward helping individuals first understand the importance of this role for their friends, loved ones, employers or other supporters and then the team works assertively to engage those persons to ensure they have the understanding and skills to support the client in a positive way, especially toward completion of their intensive services.

The ITCD SAMHSA protocol sums it up nicely by stating: "Research has shown that social support plays a critical role in reducing relapse and hospitalization in consumers. Family interventions can be a powerful approach for improving mental health and substance abuse outcomes. However, the decision to involve family or other supporters is the consumers' choice. Integrated treatment specialists (all staff) should dis-

cuss with consumers the benefits of involving family members (supporters) and respect consumers' decisions about how and when to involve them."

The ACT TMACT Protocol similarly states: "It is the ACT team's role to work collaboratively with clients to help identify natural supports in the community who may be able to provide a role in supporting the client's recovery and furthering community integration. Once these individuals are identified and clients consent to any contact with them, the ACT team should actively engage them by providing them with the information necessary to help them to further support the ACT client and either directly provide or connect them with supports in the community."

The DBT DMH Protocol also asserts that the team assesses for emergency contacts or individuals that the client can reach out to in crisis and these are kept up to date and available to the therapist.

Consider how your team embraces their role as interventionists with natural supporters in an effort to help individuals prepare for support after completion!



Online Manuals:

<http://navigateconsultants.org/manuals/>

Find out more about the TMACT Protocol here:

<http://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>

At the Institute for Best Practices

Have questions about WRAP trainings?

Contact

lori.franklin@dmh.mo.gov

Be sure to check out our training library links on these web pages under "Training Library" Click one below:

[ACT](#)

[ITCD](#)

[DBT](#)



RESOURCES



Center for Evidence-Based Practices at Case Western Reserve University

<http://www.centerforebp.case.edu/>

Individual Resiliency Training (IRT)

<http://navigateconsultants.org/manuals/>

Copeland Center for Wellness and Recovery

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

Division of Behavioral Health Employment Services

<https://dmh.mo.gov/mental-illness/employment-services>

IPS Employment Center

<https://ipsworks.org/>

Certified Peer Specialist

<https://dmh.mo.gov/mental-illness/peer-support-services>

SSI/SSDI Outreach, Access and Recovery (SOAR)

<http://soarworks.prainc.com/>

Institute for Best Practices (TMACT website)

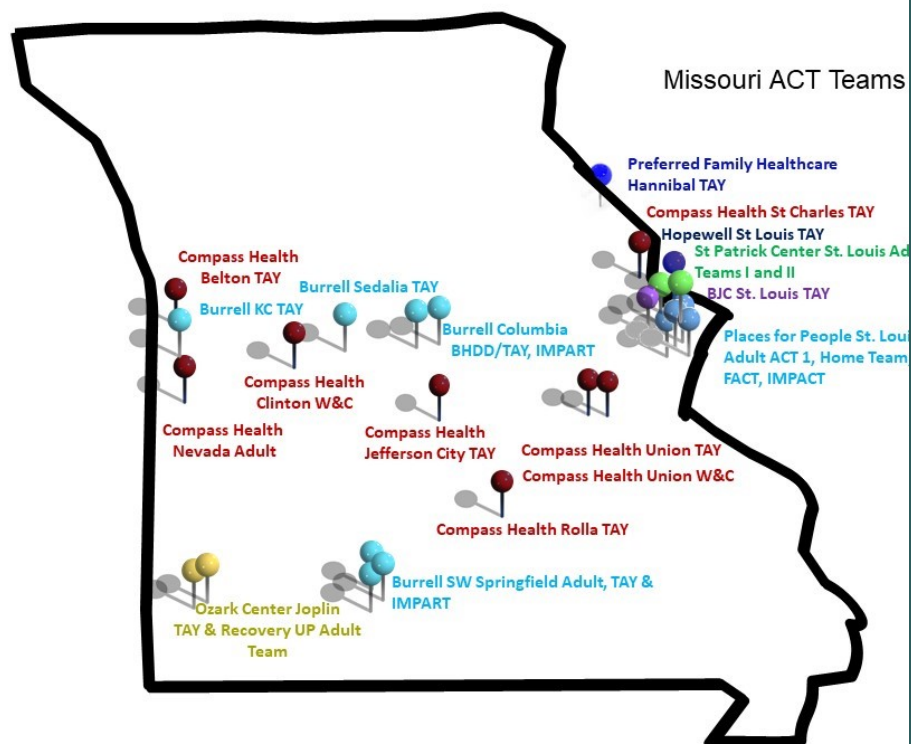
<https://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>

Missouri Children Trauma Network

<https://www.mocn.com/>

Healthy Families of America

<https://www.healthyfamiliesamerica.org/>



Missouri

Evidence Based Services
Newsletter

Spring 2023



To access the free
and downloadable
**Supported Housing
Toolkit** on the
Substance Abuse
and Mental Health
Services Admin-
istration
(SAMHSA) web-
site:

CLICK HERE



Take the free
SOAR
online
training
course by
visiting

<http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>

Places for People: Illume

Illume: The Behavioral Health Center of Excellence provides training and in-depth consultation to support clinicians and other professionals in gaining competency in psychosocial evidence based practices (EBP) and supporting EBP uptake within organizations. In addition, Illume provides mental health awareness training to the public and other professionals serving those with behavioral health conditions. Illume works collaboratively with stakeholders across the St. Louis Behavioral Health System to improve access, service delivery, outcomes, quality improvement and employee well-being through advocacy, evaluation, research and coordination of EBP uptake.

Illume is currently working with agencies around several of their eight EBP trainings and 10 Evidence informed trainings. Illume has supported agencies to build their Integrated Treatment for Co-occurring Disorders (ITCD) programs, establish a culture of wellness and trauma-informed care as well as supporting clinicians with their everyday practice by improving clinical skills. Some of the most recent trainings Illume has provided and consulted on include: Motivational Interviewing (MI), Seeking Safety, Community Reinforcement Approach (CRA), Dialectical Behavior Therapy (DBT), Cognitive Processing Therapy (CPT) for people with serious mental illness and Prolonged Exposure (PE). Illume is currently supporting community members to increase awareness of Mental Health with a SAMHSA grant that offers free Mental Health First Aid and QPR suicide prevention training. These are great tools for those less familiar with Behavioral health who want the ability to respond and offer resources to themselves or others.

To learn more about Illume or to register for upcoming trainings visit our website at <https://www.placesforpeople.org/illume/>.

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Missouri

Evidence Based Services
Newsletter

Spring 2023

NAMI Support
Group listings
can be found at:
<https://namimissouri.org/support-groups/>



DBT website—information,
membership, training events,
certification, directory,
resources, links and support!

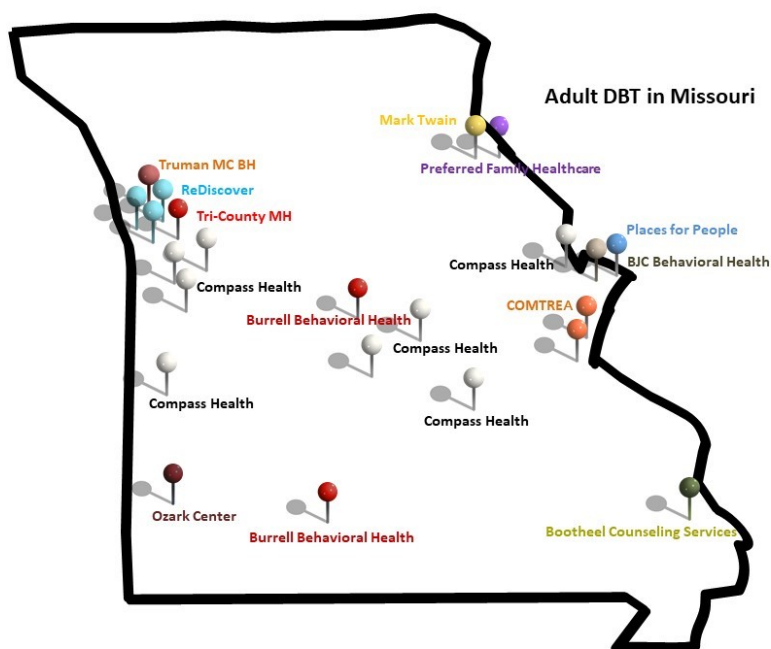
[Click Here](#)



National Association of State
Mental Health Program

Directors

[Click Here](#)



The **Missouri Credentialing Board** is pleased to announce the roll out of the Harm Reduction Specialist Certification in partnership with the International Certification & Reciprocity Consortium (ICRC)!

What does that mean to individuals here in Missouri?

It means that not only will you hold the Missouri Harm Reduction Specialist Credential, but you will also hold an ICRC International Certification!

Steps in the training:

1. Complete the Training Application/Application for Credentialing with the Missouri Credentialing Board (Fees include: application, training and initial credential). Sign up at www.missouricb.com
2. Complete the Missouri 21-hour Harm Reduction Training
3. Receive your ICRC/Missouri Harm Reduction Specialist Certification for the International Certification & Reciprocity Consortium!

Missouri is pleased to be the first State to offer a collaboration with the ICRC and we look forward to future opportunities!

** IC&RC promotes public protection by setting standards and developing exams for credentialing prevention, substance use treatment, and recovery professionals. Organized in 1981, it has a worldwide network of over 50,000 professionals. Evidence Based-Practices Quality and integrity are the foundation of IC&RC's work.*

Missouri

Evidence Based Services
Newsletter

Spring 2023

If you have any questions about further developing Motivational Interviewing in your practice, feel free to contact Scott Kerby. He has information on free and cost effective products and can help with your Motivational Interviewing needs.

skerbyconsulting@gmail.com

Past issues of the DMH "FYI Fridays" by Nora Bock can be found at:

<https://dmh.mo.gov/mental-illness/fyi-fridays>

DBT fidelity reviewing is underway in 2023! Reviews occur for adult and adolescent programs once every 2 years. Check to see in what month/year your team is scheduled by contacting Lori Norval

lori.norval@dmh.mo.gov. Additional information is found about DBT [here](#)

Motivational Interviewing Corner

By Scott Kerby

There is so much to be gained and learned by coding Motivational Interviewing Sessions. I am currently working with an internal group at Burrell to provide coaching and coding, and the group is making tremendous progress. One real benefit of coding a large group is the emergence of patterns of behavior, areas of collective success, and areas of collective struggle. These can inform our follow-up training to address these specific gaps. So the following are consistent areas that we are going to be focusing on over the next few months, which can perhaps be useful in your agency as well.

One of the first consistent coaching points has been around planning. In these recorded sessions it is very common for clinicians to move into planning very early, and without intentionality. This is often started by a "What have you tried?" question, quickly followed up with, "And what can we try now?" Remember, in MI, we want to make a very clear, intentional move into planning. This is ideally done when there is increased change talk, decreased sustain talk, and evidence that the client is moving towards a commitment to get moving. This happens typically after intentional exploration of a client's goals, values, and desire to change.

As a connected piece of the above, it is still natural for many clinicians to move quickly on from the "why" of change, or not even dive into that at all. Many are trained to quickly identify the problem, and then quickly find the how

of change. When presented with a statement like, "I really would like to quit smoking", a typical response is "How would you like to go about that?" In MI, we are trying to develop the instinct to first explore the why, which could sound like, "What makes this so important to you?" For many this is a philosophical switch, and they find success in being intentional about exploring the idea of, "What makes this change worthwhile? How does it connect to your values?"

A final observation that seems to hold for almost all learning MI--when we get stuck, we tend to start asking a lot more questions. I have listened to many tapes that start with a wonderful mix of deep reflections and curious questions, only to reach a place where they aren't sure where to go. Typically what follows is a series of questions, a loss of the partnership and empathy that reflections provide, and frequently ends with a righting reflex monologue of caring, unsolicited advice. A coaching point here is to add in a summary when stuck, followed by a key question to explore more deeply or in a different direction.

Learning MI to fidelity can be a real challenge, and it is an honor for me to be able to provide coaching across the state. I hope to see more and more agencies have staff trained in coding MI so that this valuable feedback will be available to front line staff. Hopefully this can help you and others grow in your MI skills. Until next time, keep reflecting!



Arts & Literature



Expression



Send your individual's art (photos, photos of artwork, testimonials, poems, etc.) to Lori Norval at lori.norval@dmh.mo.gov for submission to this newsletter.

Please indicate if the individual wishes to be named along with the team they receive services from.

Thank you!

Creativity